

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	21580Y
		First Named Inventor	Philipp E. Scherer et al.
		<b>COMPLETE IF KNOWN</b>	
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD OF IDENTIFYING RESPONDERS TO TREATMENT WITH INSULIN SENSITIZERS**

*(Title of the Invention)*

the specification of which

bears the Attorney Docket Number and Title of the Invention noted above

OR

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed? YES      NO
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/518,390	11/07/2003	21580PV

## DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioners Associated with the Customer Number **000210**  
 OR  
 Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number
JAMES L. McGINNIS	34,387	MELVIN WINOKUR	32,763

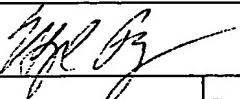
Direct all correspondence to:  Customer Number **000210**

Name	JAMES L. McGINNIS				
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-0641	Fax	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
PHILIPP E.		SCHERER					
Inventor's Signature	<i>Ph. Scherer</i>			Date	11-2-04		
Residence: City	HARTSDALE	State	NY	Country	US		
Mailing Address	182 Caterson Terrace						
City	Hartsdale	State	NY	ZIP	10530	Country	US
<input checked="" type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.							

DECLARATION AND POWER OF ATTORNEY				ADDITIONAL INVENTOR(S) Supplemental Sheet			
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
UTPAL B.		PAJVANI				Date	11-2-04
Inventor's Signature					Date	11-2-04	
Residence: City	BRONX	State	NY	Country	US	Citizenship	US
Mailing Address	1925 Eastchester Road, Apt. 22F						
City	Bronx	State	NY	ZIP	10461	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
JOHN A.		WAGNER					
Inventor's Signature					Date		
Residence: City	WESTFIELD	State	NJ	Country	US	Citizenship	US
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		<b>Group Art Unit</b>	
		<b>Examiner Name</b>	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		OR	

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Inventor's Signature					Date		
Residence: City	HARTSDALE	State	NY	Country	US	Citizenship	CH
Mailing Address	182 Caterson Terrace						
City	Hartsdale	State	NY	ZIP	10530	Country	US
<input checked="" type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.							

**DECLARATION AND POWER OF ATTORNEY**

**ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
UTPAL B.		PAJVANI					
Inventor's Signature					Date		
Residence: City	BRONX	State	NY	Country	US	Citizenship	US
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Given Name (first and middle [if any])		Family Name or Surname					
JOHN A.		WAGNER					
Inventor's Signature					Date	8-NW-07	
Residence: City	WESTFIELD	State	NJ	Country	US	Citizenship	US
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Mailing Address							
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